

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$54.50 for dates of service 11/13/01 and 01/08/02.
- b. The request was received on 07/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/05/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response in the dispute packet.

III. PARTIES' POSITIONS

1. Requestor: Did not submit a statement.
2. Respondent: Carrier did not respond to the dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 11/13/01 and 01/08/02.
2. The denial code listed on the EOB is "C-NEGOTIATED CONTRACT."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/13/01 01/08/02	99214	\$71.00 \$71.00	\$53.25 \$53.25	C C	\$71.00	E/M GR (IV)(C)(3) CPT descriptor	The carrier denied reimbursement per a contract. The provider denies having a contract with the carrier. The carrier did not support the fact that there was a contract, therefore, reimbursement is recommended in the amount of \$35.50 .
11/13/01 01/08/02	73600-WP-RT	\$38.00 \$38.00	\$28.50 \$28.50	C C	\$38.00 \$38.00	R/N GR (I)(A)(2) CPT descriptor	The carrier denied reimbursement per a contract. The provider denies having a contract with the carrier. The carrier did not support the fact that there was a contract, therefore, reimbursement is recommended in the amount of \$19.00 .
Totals		\$218.00	\$163.50				The Requestor is entitled to reimbursement of \$54.50 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$54.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of December 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb